|  |  |
| --- | --- |
| **Special Dental ServicesClaim Summary Form** |  |
| Claim number |   |
|  | Ministry use only |
|  Claim reference (unique per claim, alpha-numeric characters only) |
|   |
| Payee number |
|   |  |
| Agreement number |
|   |  |
| Agreement holder’s name |
|       |
| Name of dental health practitioner (who treated the patients on the attached Individual Treatment Report/s) |
|       |  |

 DCNZ number (of health practitioner who treated the patients on the attached Individual Treatment Report/s)

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| --- |
|   |

|  |  |
| --- | --- |
| Number of patients in this claim |   |

|  |  |
| --- | --- |
| Value of treatment reports (GST exclusive) ($) |   |

|  |  |
| --- | --- |
| GST ($) |   |

|  |  |
| --- | --- |
| Total (GST inclusive) ($) |   |

Te Whatu Ora only

|  |  |
| --- | --- |
| Total paid ($) |   |

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| **Certification** |

I certify that the above and attached particulars are true and correct and comply with the terms and conditions of my agreement.

|  |  |  |
| --- | --- | --- |
|  |  |   |
| Agreement holder’s signature |  | Date (DD/MM/YYYY) |